

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>011274</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>08/06/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RIVERWALK COMMUNITIES LLC</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>401 SE SIXTH ST</b><br><b>EVANSVILLE, IN 47713</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| {R 000}  | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on June 24, 2015.</p> <p>Survey dates: August 6, 2015</p> <p>Facility number: 011274<br/>Provider number: 011274<br/>AIM number: N/A</p> <p>Census bed type:<br/>Residential: 100<br/>Total: 100</p> <p>Census payor type:<br/>Medicaid: 96<br/>Other: 4<br/>Total: 100</p> <p>Sample: 4</p> <p>Riverwalk Communities, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> | {R 000}  |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE